

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	WOOLFE, Austen John
Title	Pharmaceutical Composition
Art Unit	
Examiner Name	
Attorney Docket Number	00303/US

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
HAY, Martin Alexander	39,459
STEINBERG, Michael	43,160
BROWDER, Monte	36,761

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

024330

<input checked="" type="checkbox"/> Firm or Individual Name	HAY, Martin Alexander				
Address	Martin A. Hay & Co., 13 Queen Victoria Street				
City	Macclesfield	State	Cheshire	Zip	SK11 6LP
Country	UNITED KINGDOM				
Telephone	+44-1625-500057	Fax	+44-1625-500058		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	Austen John WOOLFE	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number

Filing Date

First Named Inventor

WOOLFE, Austen John

Title

Pharmaceutical Composition

Art Unit

Examiner Name

Attorney Docket Number

00303/US

I hereby appoint:

Practitioners associated with the Customer
Number:

OR



Practitioner(s) named below:

Name	Registration Number
HAY, Martin Alexander	39,459
STEINBERG, Michael	43,160
BROWDER, Monte	36,761

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

024330

OR

Firm or
Individual Name

HAY, Martin Alexander

Address

Martin A. Hay & Co., 13 Queen Victoria Street

City

Macclesfield

State

Cheshire

Zip

SK11 6LP

Country

UNITED KINGDOM

Telephone

+44-1625-500057

Fax

+44-1625-500058

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Alan Langford

Date

9 / 12 / 2004

Name

Alan LANGFORD

Telephone

01992469061

Title and Company

R & D Director INAX

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM****Application Number****Filing Date****First Named Inventor**

WOOLFE, Austen John

Title

Pharmaceutical Composition

Art Unit**Examiner Name****Attorney Docket Number**

00303/US

I hereby appoint:

Practitioners associated with the Customer
Number:

OR



Practitioner(s) named below:

Name	Registration Number
HAY, Martin Alexander	39,459
STEINBERG, Michael	43,160
BROWDER, Monte	36,761

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

024330

OR

Firm or
Individual Name

HAY, Martin Alexander

Address

Martin A. Hay & Co., 13 Queen Victoria Street

City

Macclesfield

State

Cheshire

Zip

SK11 6LP

Country

UNITED KINGDOM

Telephone

+44-1625-500057

Fax

+44-1625-500058

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Jacqueline Yvonne ALLEN

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	WOOLFE, Austen John
Title	Pharmaceutical Composition
Art Unit	
Examiner Name	
Attorney Docket Number	00303/US

I hereby appoint:

☐ Practitioners associated with the Customer
Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
HAY, Martin Alexander	39,459
STEINBERG, Michael	43,160
BROWDER, Monte	36,761

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

024330

OR

<input checked="" type="checkbox"/> Firm or Individual Name	HAY, Martin Alexander			
Address	Martin A. Hay & Co., 13 Queen Victoria Street			
City	Macclesfield	State	Cheshire	Zip SK11 6LP
Country	UNITED KINGDOM			
Telephone	+44-1625-500057	Fax	+44-1625-500058	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Mark Clifford ELLIOTT	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number

Filing Date

First Named Inventor

WOOLFE, Austen John

Title

Pharmaceutical Composition

Art Unit

Examiner Name

Attorney Docket Number

00303/US

I hereby appoint:

Practitioners associated with the Customer
Number:

OR



Practitioner(s) named below:

Name	Registration Number
HAY, Martin Alexander	39,459
STEINBERG, Michael	43,160
BROWDER, Monte	36,761

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

024330

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	HAY, Martin Alexander				
	Address	Martin A. Hay & Co., 13 Queen Victoria Street				
	City	Macclesfield	State	Cheshire	Zip	SK11 6LP
	Country	UNITED KINGDOM				
	Telephone	+44-1625-500057	Fax	+44-1625-500058		

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>A. J. Woolfe</i>	Date	13 Dec 04
Name	Austen John WOOLFE	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	WOOLFE, Austen John
Title	Pharmaceutical Composition
Art Unit	
Examiner Name	
Attorney Docket Number	00303/US

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
HAY, Martin Alexander	39,459
STEINBERG, Michael	43,160
BROWDER, Monte	36,761

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

024330

OR

<input checked="" type="checkbox"/> Firm or Individual Name	HAY, Martin Alexander				
Address	Martin A. Hay & Co., 13 Queen Victoria Street				
City	Macclesfield	State	Cheshire	Zip	SK11 6LP
Country	UNITED KINGDOM				
Telephone	+44-1625-500057	Fax	+44-1625-500058		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Alan LANGFORD	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number

Filing Date

First Named Inventor

WOOLFE, Austen John

Title

Pharmaceutical Composition

Art Unit

Examiner Name

Attorney Docket Number

00303/US

I hereby appoint:

Practitioners associated with the Customer
Number:

OR



Practitioner(s) named below:

Name	Registration Number
HAY, Martin Alexander	39,459
STEINBERG, Michael	43,160
BROWDER, Monte	36,761

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

024330

OR

Firm or
Individual Name

HAY, Martin Alexander

Address

Martin A. Hay & Co., 13 Queen Victoria Street

City

Macclesfield

State

Cheshire

Zip

SK11 6LP

Country

UNITED KINGDOM

Telephone

+44-1625-500057

Fax

+44-1625-500058

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Jacqueline Yvonne ALLEN

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	WOOLFE, Austen John
Title	Pharmaceutical Composition
Art Unit	
Examiner Name	
Attorney Docket Number	00303/US

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
HAY, Martin Alexander	39,459
STEINBERG, Michael	43,160
BROWDER, Monte	36,761

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

024330

<input checked="" type="checkbox"/> Firm or Individual Name	HAY, Martin Alexander				
Address	Martin A. Hay & Co., 13 Queen Victoria Street				
City	Macclesfield	State	Cheshire	Zip	SK11 6LP
Country	UNITED KINGDOM				
Telephone	+44-1625-500057	Fax	+44-1625-500058		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	Mark Clifford ELLIOTT	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PCT

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

WOOLFE, Austen John
31 Emberson Way
North Weald
Essex. CM16 6DL
United Kingdom

hereby appoints (appoint) the following person as:

☐

agent

☒

common representative

Name and address

(Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)

Norton Healthcare Limited
Ivax Quays
Albert Basin
Royal Docks
LONDON E16 2QT
United Kingdom

to represent the undersigned before

☒

all the competent International Authorities

☐

the International Searching Authority only

☐

The International Preliminary Examining Authority only

in connection with the international application identified below:

Title of the invention: **Pharmaceutical Composition**

Applicant's or agent's file reference: **00303/WO**

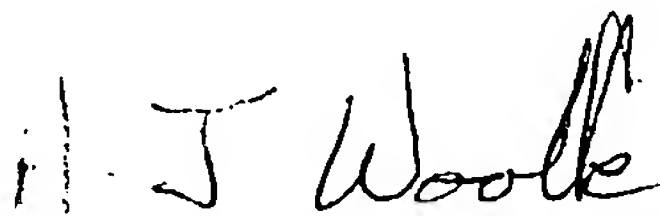
International application number (if already available): **PCT/GB2003/002669**

Filed with the following office

UNITED KINGDOM

And to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):



Austen John WOOLFE

Date

29/8/03

PCT

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

LANGFORD, Alan
33a Briscoe Road
Hoddeston
Hertfordshire EN11 9DG
United Kingdom

Hereby appoints (appoint) the following person as:

☐ agent

☒ common representative

Name and address

(Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)

Norton Healthcare Limited
Ivax Quays
Albert Basin
Royal Docks
LONDON E16 2QT
United Kingdom

to represent the undersigned before

☒ all the competent International Authorities

☐ the International Searching Authority only

☐ The International Preliminary Examining Authority only

in connection with the international application identified below:

Title of the invention: **Pharmaceutical Composition**

Applicant's or agent's file reference: **00303/WO**

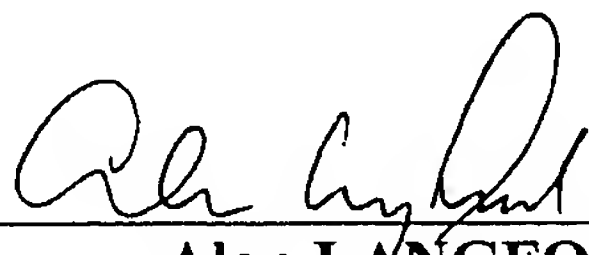
International application number (if already available): **PCT/GB2003/002669**

Filed with the following office

UNITED KINGDOM

And to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):



Alan LANGFORD

Date

02 September 2003.

PCT

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

ALLEN, Jacqueline Yvonne
13 Peartree Avenue
Earlsfield
LONDON
SW17 0JG
United Kingdom

Hereby appoints (appoint) the following person as:

☐

agent

☒

common representative

Name and address

(Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)

Norton Healthcare Limited
Ivax Quays
Albert Basin
Royal Docks
LONDON E16 2QT
United Kingdom

to represent the undersigned before

☒

all the competent International Authorities

☐

the International Searching Authority only

☐

The International Preliminary Examining Authority only

in connection with the international application identified below:

Title of the invention: **Pharmaceutical Composition**

Applicant's or agent's file reference: **00303/WO**

International application number (if already available): **PCT/GB2003/002669**

Filed with the following office

UNITED KINGDOM

And to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):



Jacqueline Yvonne Allen

Date

29/08/03

PCT

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

ELLIOTT, Mark Clifford
40 Farleigh Road
Stoke Newington
N16 7TH
United Kingdom

hereby appoints (appoint) the following person as:

☐ agent

☒ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Norton Healthcare Limited
Ivax Quays
Albert Basin
Royal Docks
LONDON E16 2QJ
United Kingdom

to represent the undersigned before

☒ all the competent International Authorities

☐ the International Searching Authority only

☐ The International Preliminary Examining Authority only

in connection with the international application identified below:

Title of the invention: **Pharmaceutical Composition**

Applicant's or agent's file reference: **00303/WO**

International application number (if already available): **PCT/GB2003/002669**

filed with the following office

UNITED KINGDOM

and to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):

(Name)

Mark Clifford ELLIOTT

Date

29th Aug 2003